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## Notification de Hazardous Waste Sit

United States **Environmental Protection** Agency Washington DC 20460

US EPA RECORDS CENTER REGION 5



This initial notification information is required by Section 1/33(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981

Satisfy Subject to Space and Space and

Please type or print on ink li'you need additional space, use separate sheets of

,	M1 # 21	7 MIS-000-001-168		
Person Required to Notify:				
Enter the name and address of to or organization required to notify	1			
or organization requires to mem-	Street P.O.Box 2	80 (24121 Mound Rd.)		
	city Warren	State MI Zip Code 48090		
Site Location:				
Enter the common name (if know	wn) and Name of Site NoRTH	Name of Site NORTHEAST GRAVEL		
actual location of the site	Street R1	ver Road		
MID049236821	City Grand Rapids	County Kent State MI Zip Code 49504		
Person to Contact:				
Enter the name, title (if applicab	le), and Name (Last, First and Title)	Diver, Jeffrey - Envir Counsel		
business telephone number of the	ne person	Phone 312/654-8800		
to contact regarding information submitted on this form.	<u> </u>			
Dates of Waste Handling:				
	o wasto			
Enter the years that you estimat treatment, storage, or disposal b	e waste egan and From (Year) 1976	To (Year) 1980 (CLOSED)		
ended at the site		¥ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Waste Type: Choose the opti	on you prefer to complete			
Option I: Select general waste t you do not know the general wa encouraged to describe the site	ste types or sources, you are	<b>Option 2:</b> This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261)		
General Type of Waste:	Source of Waste:	Specific Type of Waste:		
Place an X in the appropriate	Place an X in the appropriate	EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the		
boxes The categories listed overlap Check each applicable	boxes	appropriate four-digit number in the boxes provided. A copy of		
category		the list of hazardous wastes and codes can be obtained by		
		contacting the EPA Region serving the State in which the site is located		
1.  Organics	1. D Mining			
2. 🗆 Inorganics	2. Construction			
3 ☐ Solvents	3. Textiles			
4 Destroides	4 🖸 Fertilizer			
5 ⊠ Heavy metals 6. □ Acids	<ul><li>5. □ Paper/Printing</li><li>6 □ Leather Tanning</li></ul>			
7 🗆 Bases	7. Stron/Steel Foundry			
8.  PCBs	8.  Chemical, General			
9. Mixed Municipal Waste	9.   Plating/Polishing			
10 □ Unknown	10.  Military/Ammunition			
11  Other (Specify)	11.   Electrical Conductors			
	12 ☐ Transformers			
	13.  Utility Companies			
	14 ☐ Sanitary/Refuse			
	15 🗆 Photofinish			
	16 ☐ Lab/Hospital			
	17 🗆 Unknown	000535 JUN-981		
	18 □ Other (Specify)	0 0 0 2 3 3 2 204 - A 81		

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Form Approved OMB No. 2000-0138 EPA Form 8900-1

	Notification of Hazardous Waste Site	Side Two	•	_	
F	Waste Quantity.	Facility Type	Total Facility Waste Am	ount	
	Place an X in the appropriate boxes to indicate the facility types found at the site	1 ☐ Piles 2. ☐ -Land Treatment	cubic feet 324,000		
	In the "total facility waste amount" space	3. ⊠ Landfill	gallons		
	give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons	<ul><li>4. □ Tanks</li><li>5. □ Impoundment</li></ul>	Total Facility Area		
In es	In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres	6 🗆 Underground Injection	square feet	4	
		7. □ Drums, Above Ground 8 □ Drums, Below Ground	acres 20 H	<i>F</i>	
		9.   Other (Specify)			
G	Known, Suspected or Likely Releases to the Environment:				
	Place an X in the appropriate boxes to indicat or likely releases of wastes to the environment		☐ Known ☐ Suspected ☐ ☑ Unknown	3 Likely   None	
	Note: Items Hand I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so				
H	Sketch Map of Site Location: (Optiona	1)		Pt	
	Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a				
	Description of Site: (Optional)				
•	Describe the history and present				
	conditions of the site Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions  much of which may have been for	composite information responses from employ	has prepared this form, provided in written wees of the reporting	and oral company,	
	lection of past events. No adm wastes handled by this company meet a listed discription or Where a "facility waste amount tion of "potentially hazardous quantities were available. If t is made that the company sele indicated were actually transpo	ission or representation is y, or generically reported characteristic of "hazardo" " is indicated, it is, in a waste," as in most cases he reporting company is a cted the reported site, r	s therefore made that and on this form, would ous waste" at 50 CFR, lowers cases, a very crudes, no records of waste "transporter," no repressor that all of the was	ny of the actually Part 261. e estima- types or sentation	
J	Signature and Title:				
	(such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person.	Name W. Brand Bobosky, Asst  Street 900 Jorie Boulevard  City Oak Brook State  Signature	□ C □ C □ C □ C □ C □ C □ C □ C □ C □ C	Owner, Present Owner, Past Transporter Operator, Present Operator, Past Other	
	to notify check "Other".				